

## Adult Preventive Health Guidelines

<b>Age:</b>	<b>Screening:</b>	<b>Frequency:</b>
<ul style="list-style-type: none"> <li>• 18 and older</li> </ul>	Blood Pressure, Height, Weight, Obesity, Alcohol Use	Annually, 18 - 21 years old, after 21, per PCP discretion
<ul style="list-style-type: none"> <li>• Male: 20 years and older</li> </ul>	Cholesterol	Every 5 years
<ul style="list-style-type: none"> <li>• Female: 20 years and older</li> </ul>	Cholesterol	Every 5 years
<ul style="list-style-type: none"> <li>• High-risk males and females</li> </ul>	Cholesterol	Yearly starting at 24 months
<ul style="list-style-type: none"> <li>• Female: 18-25 years</li> </ul>	Chlamydia	Yearly and at the PCP's discretion
<ul style="list-style-type: none"> <li>• Female: 18-65 years (consider at age 12 related to sexual activity)</li> </ul>	Pap Smear	Every 1-3 years
<ul style="list-style-type: none"> <li>• Female 40 years and older</li> </ul>	Mammography	Every 1-2 years
<ul style="list-style-type: none"> <li>• 50 years and older</li> </ul>	Colorectal Screening	Periodically (depends on test)
<ul style="list-style-type: none"> <li>• Female <math>\geq</math> 65 years old, or <math>\geq</math> 60 years at risk for fractures</li> </ul>	Osteoporosis	Routinely
<ul style="list-style-type: none"> <li>• 65 years and older</li> </ul>	Vision, Hearing	Periodically

<b>Immunization:</b>	
<ul style="list-style-type: none"> <li>• Tetanus-Diphtheria (Td):</li> </ul>	Every 10 years, 18 years and older
<ul style="list-style-type: none"> <li>• Varicella (VZV):</li> </ul>	Susceptibles only-2 doses 18 years and older
<ul style="list-style-type: none"> <li>• Measles, Mumps, Rubella (MMR):</li> </ul>	Women of childbearing age, if not already immune
<ul style="list-style-type: none"> <li>• Pneumococcal:</li> </ul>	One Dose 65 years and older
<ul style="list-style-type: none"> <li>• Influenza:</li> </ul>	Yearly, 50 years and older

<b>Prevention:</b>
<ul style="list-style-type: none"> <li>• Discuss aspirin to prevent cardiovascular events               <ul style="list-style-type: none"> <li>○ Men - Periodically, 40 years and older</li> <li>○ Women- Periodically 50 years and older</li> </ul> </li> <li>• Discuss breast cancer with women at high-risk</li> </ul>

<b>Counseling:</b>
<ul style="list-style-type: none"> <li>• Calcium Intake: 1,000mg/d (women age: 18-39 years old), 1200mg to 1500 mg/d (women 40 years and older)</li> <li>• Folic Acid: 0.4mg/d (women who are planning a pregnancy)</li> <li>• Breastfeeding: Women, after childbirth</li> <li>• Tobacco cessation, drug and alcohol use, STDs and HIV, nutrition, physical activity, sun exposure, oral health, injury prevention, and polypharmacy</li> </ul>

**References:**  
**Clinical Preventive Services for Normal-Risk Adults Recommended by the U.S. Preventive Services Task Force Recommended by the U.S Preventive Services Task Force. January 2004.**  
**Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services according to the Advisory Committee on Immunization Practices (ACIP) 2004 Childhood and Adolescent Immunization Schedule.**  
**Third Report on the National Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, May 2001.**  
**American Academy of Pediatrics statement "Cholesterol in Childhood" 1998.**

**Legal Disclaimer:**  
 These clinical preventive guidelines were developed to assist practitioners in making decisions about appropriate health care for specific clinical circumstances. These guidelines are not fixed protocols that must be followed, but are intended for health care professionals and providers to consider. While they generally recommend preventive measures and timeframes, they are not presented as a substitute for the advice of the physician or other knowledgeable health care professional or provider service provider treating the patient. Individual patients may require different screenings and or treatments from those specified in a given guideline. Guidelines are not entirely inclusive or exclusive of all methods of reasonable care that can obtain/produce the same results. While guidelines can be written that take into account variations in clinical settings, resources, or common patient characteristics, they cannot address the unique needs of each patient nor the combination of resources available to a particular community or health care professional or provider. Deviations from suggested clinical prevention measures may be justified by individual circumstances. Thus, these prevention guidelines should be applied based on individual patient needs and are not a substitute for the professional medical judgment of the provider of care.